UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

RECEIVED

PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPT

| CIVID Nulliber: 3233-0076 |
|---------------------------|
| Expires: May 31, 2005 |
| Estimated average burden |
| hours per response16.00 |
| |

| SEC USE ONLY | | | | | | | |
|--------------|---------|--------|--|--|--|--|--|
| Prefix | | Serial | | | | | |
| | | | | | | | |
| DAT | E RECEI | VED | | | | | |
| | | | | | | | |

| Name of Offering (check | if this is an amendment and name has changed, and indica | te change.) | |
|--------------------------------|--|-------------------------|--------------------------|
| Unveil Technologies, Inc. Se | | | 1881 (188 mm 888) 1880 a |
| Filing Under (Check box(es) | | | |
| Type of Filing: New Filin | | | |
| | | | |
| 1. Enter the information requ | ested about the issuer | | 04032130 |
| Name of Issuer (check if t | his is an amendment and name has changed, and indicate | change.) | |
| Unveil Technologies, Inc. | | | |
| Address of Executive Offices | (Number and Street, City, State, Zip Code) | Telephone Number | (including Area Code) |
| 400 5th Avenue, Waltham, N | | (781) 890-7333 | |
| Address of Principal Busines | s Operations (Number and Street, City, State, Zip Code) | Telephone Number | (including Area Code) |
| (if different from Executive C | Offices) Same | | |
| Brief Description of Business | | | |
| Concept-based search techn | ology company. | | PROCESSED |
| Type of Business Organization | on | | |
| ⊠ corporation | ☐limited partnership, already formed | | JUN 16 2004 |
| • | | other (please specify): | JOIA TO 200 |
| business trust | ☐limited partnership, to be formed | | - HOMEON |
| | Month Year | | THOMSON FINANCIAL |
| Actual or Estimated Date of I | ncorporation or Organization: 0 9 0 0 | □ Actual □ Estimated | tiiw w v = v |
| Jurisdiction of Incorporation | or Organization: (Enter two-letter U.S. Postal Service abb | | |
| · | CN for Canada; FN for other for | | |
| CENTED AT MICEPALCETO | | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91) 1 of 8

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: X Each promoter of the issuer, if the issuer has been organized within the past five years; X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and X Each general and managing partner of partnership issuers. ■ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Promoter Check Box(es) that Apply: Full Name (Last name first, if individual) Durlach, Peter Business or Residence Address (Number and Street, City, State, Zip Code) c/o Unveil Technologies, Inc., 400 5th Avenue, Waltham, MA 02451 Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: Promoter ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Salas, Ricardo Business or Residence Address (Number and Street, City, State, Zip Code) 371 Harvard St., Apt. D, Cambridge, MA 02138 Check Box(es) that Apply: Promoter Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Mimica, Ivan Business or Residence Address (Number and Street, City, State, Zip Code) c/o Unveil Technologies, Inc., 400 5th Avenue, Waltham, MA 02451 Check Box(es) that Apply: Promoter Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Zieman, Yuri Business or Residence Address (Number and Street, City, State, Zip Code) c/o Unveil Technologies, Inc., 400 5th Avenue, Waltham, MA 02451 ⊠ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Hill, Jeffrey Business or Residence Address (Number and Street, City, State, Zip Code) 28 Robinson Road, Westford, MA 01886 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Toronto Dominion Capital (U.S.A.), Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 909 Fannin, Suite 1700, Houston, TX 77010 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Sevin Rosen Fund VIII L.P. Business or Residence Address (Number and Street, City, State, Zip Code) Two Galleria Tower, 13455 Noel Rd., Suite 1670, Dallas, TX 75240 Check Box(es) that Apply: Promoter ⊠ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Solstice Capital II Limited Business or Residence Address (Number and Street, City, State, Zip Code)

Executive Officer

□ Director

General and/or Managing Partner

Shrigley, David

15 Broad Street #300, Boston, MA 02109

Full Name (Last name first, if individual)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Beneficial Owner

c/o Sevin Rosen Bayless Management Company, Two Galleria Tower, 13455 Noel Road, Suite 1670, Dallas, TX 75240

Check Box(es) that Apply:

| Check Box(es) that Apply: | □Promoter | Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner |
|-----------------------------|------------------|----------------------------|---------------------------------------|--------------|---------------------------------------|
| Full Name (Last name first, | if individual) | | | | · · · · · · · · · · · · · · · · · · · |
| Sanders, Lucy | | | | | |
| Business or Residence Addre | , | | Code) | | |
| 1480 Orchard Avenue, Bou | ılder, CO 8030 |)4 | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Swan, Elliot | | | | | |
| Business or Residence Addre | | | | | |
| c/o Toronto Dominion Cap | ital (U.S.A.), I | nc., 909 Fannin, Suite 1 | 700, Houston, TX 7701 | 0 | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Wilson, Christopher | | | · · · · · · · · · · · · · · · · · · · | | |
| Business or Residence Addre | ess (Number an | d Street, City, State, Zip | Code) | | |
| c/o CDC IXIS AM Services | s, 399 Boylston | Street, Boston, MA 02 | 116 | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Murphy, Joe | | | | | |
| Business or Residence Addre | | | Code) | | |
| 40 Maynard Farm Road, S | <u> </u> | 1776 | | | |
| Check Box(es) that Apply: | □Promoter | Beneficial Owner | Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Fried, Jeff | | | | | |
| Business or Residence Addr | | d Street, City, State, Zip | Code) | | |
| 112 Hyde Street, Newton, I | MA 02461 | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Orlowitz, Benjamin | | | | | |
| Business or Residence Addre | • | d Street, City, State, Zip | Code) | | |
| 49 Putnam Ave., Wakefield | i, MA 01880 | | | | |
| | | | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | | | | | B. INFO | RMATIO | N ABOU | T OFFER | ING | | | | | |
|--------|---|------------------------------|------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|---|---|------------------------------|------------------------------|------------------------------|------------------------------|---|---|
| 1. | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | Yes | No ⊠ | | | | | |
| | Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | | | |
| 2. | 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | \$ N/A | | | | | |
| 3. | Does the offering permit joint ownership of a single unit? | | | | | | | | | Yes | No | | | | |
| 4. | remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | | | |
| Full N | | ast name fi | rst, if indivi | dual) | | | | | | | | | | · | |
| 11/2 | \ | | | | | | | | | | | | | | |
| Busin | ess or R | esidence A | ddress (Nu | mber and S | treet, City, | State, Zip C | Code) | | | | | | | | |
| Name | of Asso | ciated Bro | ker or Deale | er | | | | | | | | | | | |
| States | in Whi | ch Person I | isted Has S | Solicited or | Intends to S | Solicit Purc | hasers | | | | | | | | - |
| | (Check | 'All States' | or check in | ndividual S | tates) | | | *************************************** | *************************************** | | 🗆 | All States | | | |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |
| Full 1 | vaine (L | ast name fi | rst, if indivi | dual) | | | | | | | | · | | | |
| Busin | ess or R | esidence A | ddress (Nu | mber and S | treet, City, | State, Zip C | Code) | | | | | | | | _ |
| Name | of Asso | ciated Bro | ker or Deal | ег | | | | | | | | | | | |
| States | in Whi | ch Person I | Listed Has S | Solicited or | Intends to S | Solicit Purc | hasers | | | | | | | | |
| (Chec | k "All S | tates" or ch | neck individ | iual States) | | | | *************************************** | *************************************** | | | All States | | | |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] ; [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |
| | <u> </u> | | rst, if indivi | | | | | | | | | | | | |
| | | | ddress (Nu | | treet, City, | State, Zip C | Code) | | | | | | | | |
| Name | of Asso | ciated Bro | ker or Deal | ег | | | | | | | | | | | |
| States | in Whi | ch Person I | isted Has S | Solicited or | Intends to 5 | Solicit Purc | hasers | | | | | | | | |
| (Chec | k "All S | tates" or cl | neck individ | lual States) | ••••• | | | | *************************************** | | | All States | | | |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF | PROCEEDS | |
|------------|---|-----------------------------|--|
| ١. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | \$0 | \$0 |
| | Equity | \$6,500,000.16 | \$6,500,000.16 |
| | ☐ Common ☑ Preferred | | 1 |
| | Convertible Securities (including warrants) | \$0 | \$0 |
| | Partnership Interests | \$0 | \$0 |
| | Other (Specify) | \$0 | \$0 |
| | Total | \$6,500,000.16 | \$6,500,000.16 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | 1 |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors. | 5 | \$6,500,000.16 |
| | Non-accredited Investors | 0 | \$ 0 |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| I . | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| | Type of offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| l, | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | ⊠ | \$ 25,000.00 |
| | Accounting Fees | | \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) | | \$ |
| | Total | <u> </u> | ¢ 25 000 00 |

| | C. OFFERING PRICE | CE, NUMBER O | F INVESTORS, | EXPENSES AND U | JSE OF | PROCEEDS | |
|------|--|---|---------------------------------------|----------------------|--------------|---|-----------------------|
| | b. Enter the difference between the aggregate offe expenses furnished in response to Part C - Questio issuer." | | | | | | \$ 6,475,000.16 |
| 5. | Indicate below the amount of the adjusted gross process the purposes shown. If the amount for any purpose left of the estimate. The total of the payments list forth in response to Part C - Question 4.b. above. | se is not known, fu | ırnish an estimate | and check the box to | the | | |
| | | | | | | Payments to Officers, Directors, & Affiliates | Payments To Others |
| | Salaries and fees | | | | | □ \$ | □ \$ |
| | Purchase of real estate | | | | | □ \$ | □ \$ |
| | Purchase, rental or leasing and installation of maci | hinery and equipn | nent | | | □ \$ | □ \$ |
| | Construction or leasing of plant buildings and faci | ilities | | | | \$ | \$ |
| | Acquisition of other businesses (including the value offering that may be used in exchange for the assepursuant to a merger) | ts or securities of | another issuer | | | \$ | □ \$ |
| | Repayment of indebtedness | | | | | □ \$ | □ \$ |
| | Working capital | | | | | □ \$ | ⊠ \$ 6,475,000.16 |
| | Other (specify): | | | | | □ \$ | □ \$ |
| | Column Totals | | | | | □\$ | ☑ \$ 6,475,000.16 |
| | Total Payments Listed (column totals added) | *************************************** | •••••••••••• | | | ⊠ \$ 6,47 | 5,000.16 |
| | | D. F | EDERAL SIGNA | TURE | | | |
| an u | ssuer has duly caused this notice to be signed by the dertaking by the issuer to furnish to the U.S. Secur accredited investor pursuant to paragraph (b)(2) of 1 | ities and Exchange | | | | | |
| | ner (Print or Type) veil Technologies, Inc. | Signature | MM |) Cro | Date June | , 2004 | |
| | ne of Signer (Print or Type) n Mimica | Title of Signer (Chief Executiv | rimi or Type) | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | Intentional misstatements or omissi | ions of fact co | nstitute federal | criminal violati | ons (S | ee 18 U.S.C. 100 | 1) |
| | The state of the s | | | | | | - · / |

ATTENTION